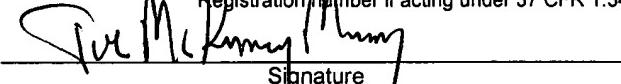


JUN 23 2005
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 3380-0148P	
Application Number	10/001,818-Conf. #002821	Filed December 5, 2001	
For WIRELESS HEARTBEAT DETECTOR			
Art Unit 2635	Examiner T. Edwards		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$ 60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>32,334</u>  <u>Joe McKinney Muncy</u> Signature <u>Joe McKinney Muncy</u> Typed or printed name			
<u>June 23, 2005</u> Date			
<u>(703) 205-8000</u> Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

06/24/2005 SZEWIDIE1 00000039 10001818

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